

## Use Caution...

...when taking prescriptions.

...when mixing medications,  
even over-the-counter  
medications.

... when cutting pills.

...when organizing  
medications. Use original  
bottles when possible, or label  
prescriptions in a manner in  
which they can be identified.



...when more  
than one  
person in  
household  
takes  
medications,  
keep them  
separated.



## Maryland Board of Pharmacy

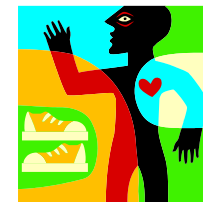
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[www.dhmf.maryland.gov/  
pharmacy](http://www.dhmf.maryland.gov/pharmacy)

Maryland Board of  
Pharmacy

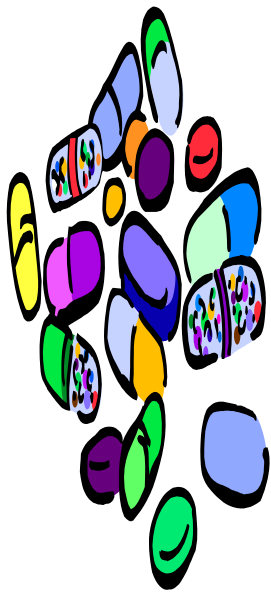
## Your Role In ....

## Your Medication Safety

**410-764-4755**



# WebMD Public Information with the FDA



## TIPS FOR

## STAYING

## ON

## TRACK

Use a pill container.

Use original medicine  
containers when possible.

Set a timer to alert you when  
to take medicine.

Do not cut pills  
unless instructed.

## Medicine List

Write down each medicine you  
take, the reason you take it,  
and how you take it. Be sure to  
include any over-the-counter  
medicines, such as:

- Laxatives
- Diet pills
- Vitamins
- Cold medicine
- Aspirin or other pain,  
headache, or fever  
medicine
- Cough medicine
- Allergy relief  
medicine



- Antacids
- Sleeping  
pills
- Dietary  
Supplement

Use this form as a guide:

Name of medicine: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Dosage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Time(s) of day: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

For how many days: \_\_\_\_\_

Other instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

